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United Nations Population Fund

Country programme document for Turkmenistan

Proposed indicative UNFPA assistance: $3.8 million: $2.8 million from regular resources and $1.0 million through co-financing modalities and/or other resources, including regular resources

Programme period: Five years (2016-2020)

Cycle of assistance: Fourth

Category per decision 2013/31: Pink

Proposed indicative assistance (in millions of $):

Strategic plan outcome areas		Regular resources	Other resources	Total
Outcome 1	Sexual and reproductive health	0.8	0.4	1.2
Outcome 2	Adolescents and youth	0.4	0.2	0.6
Outcome 3	Gender equality and women's empowerment	0.6	0.2	0.8
Outcome 4	Population dynamics	0.6	0.2	0.8
Programme coordination and assistance		0.4	–	0.4
Total		2.8	1.0	3.8

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Please recycle

I. Situation analysis

1. Turkmenistan is a country with vast oil and gas reserves, which has experienced impressive economic growth in recent years. The World Bank has classified the country as an upper-middle-income country. Nevertheless, wide disparities remain in access to services — by rural-urban status, region, wealth quintile and gender — along with other important social dimensions, such as disability, opportunities for youth and vulnerability to natural disasters.

2. The population of Turkmenistan is estimated at 5.2 million people, with slightly more than half female (50.2 per cent). The population growth is high (1.3 per cent in 2010). Over half the population (53 per cent) lives in rural areas.

3. Turkmenistan has made progress around compliance with international human rights treaty obligations, including the Convention on Elimination of All Forms of Discrimination against Women. Legal reforms for harmonizing national legislation with international standards are ongoing. The recently approved National Action Plan on Gender Equality is a key mechanism for addressing gender issues and foresees the implementation of activities on the basis of recommendations of the Committee on the Elimination of Discrimination against Women. Within the framework of the Committee's concluding recommendations, it is necessary to pay attention to studying the issues of gender discrimination and gender based violence. Despite legislative references addressing such violence, including punishment of perpetrators, institutional support offered to survivors requires further improvement.

4. Although Turkmenistan has been taking steps to strengthen data collection and analysis through the gradual adoption of international standards, the quality of available gender-disaggregated data remains a challenge. The results of the 2012 Population and Housing Census have not yet been released. The current statistical system requires continuous improvement in the quality and reliability of the gender-disaggregated data, including data on young people, to better inform public policy-making and planning. Dissemination and analysis of such data also demands further attention.

5. In recent years, the availability of and access to family planning services have been expanded through 104 family planning service delivery points, established country-wide and fully maintained by the Government. The contraceptive prevalence rate for modern methods rose from 13 per cent in 1993 to 48 per cent in 2006. The Government commitment to gradually shift contraceptive procurement from donor support to State ownership by 2017 will require protecting the reproductive rights of vulnerable groups, including women with low income or chronic diseases, internal migrants and young people.

6. United Nations agencies and the World Bank estimated the maternal mortality ratio at 61 per 100,000 live births in 2013, compared to 81 per 100,000 live births in 2000. The annual cervical cancer mortality rate is about 190 due to inadequate screening. There is a need to integrate reproductive health services, including cervical cancer screening, HIV prevention and family planning. Based on recommendations of the country programme evaluation, the integration of male reproductive health issues and youth-friendly health services also needs attention.

7. Professional midwifery education resumed in 2013, after a decade of interruption, and needs considerable support in aligning with international standards.

8. Approximately half of the population is younger than 25 years. The findings of a survey on the health behaviour among school-aged children, conducted in 2011 and 2013, demonstrated a low awareness on sexual and reproductive health issues, as well as a lack of access to youth-friendly and referral services. The indicator on accurate knowledge on HIV is 38 percent among youth aged 17 years. No official data exists on adolescent pregnancy and age of first sexual debut.

9. Reproductive health education has been incorporated into the mandatory school curriculum. However, further advocacy and technical expertise are needed to promote comprehensive age-appropriate sexuality education in line with international standards. The Law on State Youth Policy (2013) addresses the rights and needs of adolescents and youth to access reproductive health services and information. However, implementation of the law is still at an early stage, and requires considerable commitment from all stakeholders.

10. Turkmenistan lies in an earthquake-prone region. Also, the country borders Afghanistan, which means there is a possibility of refugee influx. The national action plan on the minimal initial service package for reproductive health in crisis situations endorsed by the Government of Turkmenistan reflects readiness of humanitarian response.

II. Past cooperation and lessons learned

11. UNFPA support to Turkmenistan began in 1992 with the provision of reproductive health commodities, equipment and capacity development for health-care providers. The first UNFPA country programme cycle (2000-2004) provided $3.5 million from regular resources to strengthen the capacity of national institutions and civil society organizations in reproductive health for women and adolescents and in the area of statistical data.

12. The second country programme cycle (2005-2009) sought to ensure that reproductive health care was gender-sensitive and client-oriented. It supported building technical capacity of service providers working in reproductive health-care delivery, establishment of a logistic management system for contraceptives, and building capacity of women's and youth organizations and other civil society partners in advocacy on reproductive rights and health issues.

13. The evaluation of the third country programme cycle (2010-2015) found that the programme contributed to (a) improving access and quality of reproductive health services, including emergency obstetric care; (b) establishing a platform for a dialogue on gender equality by developing the National Action Plan on Gender Equality to advance the equal rights of women and men; (c) establishing a strategic partnership with the Parliament on youth policy and gender mainstreaming; (d) increasing access of adolescents and youth to reliable knowledge on reproductive rights and health through the piloting of youth peer education centres; (e) and providing support in conducting the 2012 Population and Housing Census through provision of technical expertise in modern technologies for data collection and analysis.

14. The following challenges have been identified: (a) address male reproductive health issues and concentrate efforts on improving access to high-quality reproductive health services, especially for young men, women and internal migrants; (b) strengthen the integration of programme components to increase the impact and sustainability of programme results; and (c) advocate for comprehensive evidence-informed policy development and implementation, consistent with human rights standards.

III. Proposed Programme

15. The fourth country programme will contribute to the national priorities outlined in the strategy on socio-economic development up to 2020. It is aligned with sustainable development goals, the UNFPA Strategic Plan 2014-2017, and the United Nations Partnerships Framework 2016-2020. The programme draws on lessons learned and recommendations from the evaluation of the previous country programme.

16. In line with the UNFPA business model, the programme will shift to advocacy and upstream policy support, strengthening institutional capacities, as well as implementation and accountability mechanisms within the national health system to deliver high-quality, gender-

sensitive and client-friendly reproductive health services, with a particular focus on vulnerable groups. It will involve upstream policy engagement aimed at developing evidence-based programmes related to gender, youth, and data and population.

17. The programme contributes to three priority areas of the United Nations Partnerships Framework: (a) governance and rule of law; (b) high-quality, inclusive social services; and (c) high-quality data and progress monitoring.

A. Outcome 1: Sexual and reproductive health

18. Output 1: Strengthened policy and institutional mechanisms to deliver integrated reproductive health services, including in humanitarian settings. This will be achieved by providing advisory and expert support: (a) advocating for increased investments in integrated gender-sensitive reproductive health services, through partnerships with state and non-state actors; (b) establishing policy development and implementation mechanisms for integrated reproductive health services that include family planning, youth-friendly health services and HIV prevention, with a focus on rural women, young people and internal migrants; (c) creating a knowledge hub in the dissemination and adoption of good practices; and (d) upgrading the monitoring system to improve the quality of services, including gender-sensitive approaches in addressing the reproductive health needs of women and men.

19. Output 2: Strengthened policy and institutional mechanisms to enable provision of comprehensive maternal health services, with focus on midwifery education. This will be achieved by supporting (a) policy advice for development and implementation of guiding documents regulating midwifery workforce, including professional education, in line with international standards; (b) evidence-based advocacy for the development of clinical audit mechanisms; (c) quality improvement tools on emergency obstetric care and review of near-miss cases, and monitoring of their introduction in practice; and (d) strengthening institutional processes and procedures for better humanitarian preparedness and response, in line with the national action plan on the minimal initial service package.

B. Outcome 2: Adolescents and youth

20. Output 1: Strengthened institutional mechanisms to incorporate the rights of adolescents and youth in national laws, strategies and comprehensive gender-sensitive reproductive health education programmes. This will be achieved by supporting advocacy in (a) promoting and strengthening acceptance and integration of comprehensive age-appropriate reproductive health education; (b) documenting and disseminating best-practice models and curricular content, including through South-South cooperation; (c) advocating for and supporting the establishment of participatory mechanism in legislative, educational, health and other institutions for engaging young people in policy and programme development; and (d) strengthening partnerships for promoting youth issues among policy makers and civil society, to increase investments in adolescents and youth and enhance the implementation of the youth policy.

C. Outcome 3: Gender equality and women's empowerment

21. Output 1: Strengthened national legislation, policies and institutional mechanisms for implementing and monitoring the National Action Plan on Gender Equality. This will be achieved through (a) advocacy in support of implementing the recommendations of the Concluding Observations of the Committee on Elimination of Discrimination against Women, including on gender-based violence; (b) evidence-based advocacy and technical support in developing gender-based violence policies and laws; (c) broadened and strengthened partnerships with Government, civil society organizations and other United Nations agencies to adopt gender-transformative approaches and engagement of men and boys in addressing gender equality and

gender-based violence; and (d) establishment of a monitoring system for the implementation of the National Action Plan on Gender Equality.

D. Outcome 4: Population dynamics

22. Output 1: Strengthened national policies through increased use of gender-disaggregated data and evidence-based analysis on population dynamics, reproductive health and rights, adolescents and youth and gender equality. This will be achieved by supporting (a) policy dialogue and advocacy aimed at improving the understanding of interlinkages between population dynamics and sustainable development, including within the context of the post-2015 development agenda; (b) improvement of the statistical system on data collection and analysis with regard to gender, adolescents and youth; (c) dissemination of knowledge, including South-South mechanisms; and (d) advocacy for effective policy implementation and strengthened institutional capacity on population projections.

IV. Programme management, monitoring and evaluation

23. The Ministry of Foreign Affairs will coordinate the national execution of the programme while UNFPA will select implementing partners based on their ability to deliver high-quality programmes. UNFPA, the Government and partner organizations will conduct joint monitoring, annual programme reviews and a final programme evaluation, and will ensure the implementation of audit recommendations. UNFPA and the Government commit to delivery of results as outlined in the results and resources framework.

24. The country office will develop a resource mobilization strategy geared towards leveraging resources from the Government, international donors, bilateral agencies and the private sector. The country office will specifically advocate for the matching of core programme resources with government funds, particularly regarding the commitment to support institutional mechanisms with government funds.

25. The country office will consist of a non-resident UNFPA country director (based in Uzbekistan), an assistant representative, and programme and support staff funded from integrated institutional and programme budgets. Due to the shift towards advocacy and policy advice, it will be necessary to adjust the skills mix of programme staff from technical support to more analytical and advocacy expertise. The programme will utilize the integrated technical and programmatic assistance provided at the global and regional levels.

RESULTS AND RESOURCES FRAMEWORK FOR TURKMENISTAN (2016-2020)

National development priority or goal: Alignment of primary and secondary education system with international standards; prevention of diseases, promotion of healthy life style, increased investments for healthcare sector, bringing the healthcare system to the level of international standards; development of a governance system that is able to ensure political stability, security, social equality and social order; attention to policy reform, institutional capacity development, planning, budgeting, monitoring and information systems

United Nations Partnerships Framework outcomes: By 2020, (a) pre-school and secondary education services are of higher quality, in line with international standards, and priority is given to inclusion of children with disabilities; (b) the people of Turkmenistan, especially vulnerable groups, enjoy better coverage of high-quality health care services; (c) State institutions have strengthened participatory systems to implement and monitor laws, national programmes and strategies, including human rights; (d) high-quality data, aligned with international standards, is available to policy makers, legislators and the interested public, to monitor major goals of national programmes, the post-2015 development agenda and to formulate new national strategies and programmes

UNFPA strategic plan outcome	Country programme outputs	Output indicators, baselines and targets	Partners	Indicative resources
Outcome 1: Sexual and reproductive health Increased availability and use of integrated sexual and reproductive health services (including family planning, maternal health and HIV) that are gender-responsive and meet human rights standards for quality of care and equity in access Outcome indicators: • Percentage of service delivery points having seven life-saving maternal/ reproductive health medicines *Baseline: 75%; Target: 95%* • Cervical cancer mortality rate *Baseline: 190; Target: 80*	Output 1: Strengthened policy and institutional mechanisms to deliver integrated reproductive health services, including in humanitarian settings	• Percentage of primary health care facilities providing integrated reproductive health services (family planning, cervical cancer screening, HIV and youth-friendly health services), including in humanitarian situations *Baseline: 20%; Target: 70%* • Percentage of service delivery points introduced national standards for health care workers for delivery of high-quality reproductive health services for adolescents and youth *Baseline: 18; Target 80*	Ministries of health and medical industry, and labour and social protection; State Medical University of Turkmenistan; World Health Organization; United Nations Children's Fund	0.6 million (0.4 million from regular and 0.2 million from other resources)
	Output 2: Strengthened policy and institutional mechanisms to enable provision of comprehensive maternal health services, with focus on midwifery education	• Number of midwifery and neonatal nurses workforce policies based on the International Confederation of Midwives and World Health Organization standards implemented *Baseline: 2; Target: 5* • Percentage of maternity facilities certified in quality improvement and assurance practice in comprehensive emergency obstetric and neonatal care *Baseline: 20%; Target: 60%*	Ministry of Health and Medical Industry; State Medical University of Turkmenistan; nursing schools	0.6 million (0.4 million from regular and 0.2 million from other resources)
Outcome 2: Adolescents and youth Increased priority on adolescents, especially on very young adolescent girls, in national development policies and programmes, particularly increased availability of comprehensive sexuality education and sexual and reproductive health Outcome indicators: • Percentage of young people aged 15-24 who correctly	Output 1: Strengthened institutional mechanisms to incorporate the rights of adolescents and youth in national laws, strategies and gender-sensitive reproductive health education programmes	• Number of key sexual and reproductive health and gender-equality aspects included in basics of life skills school curricula in line with international standards • *Baseline: 2; Target: 6* • Number of costed national action plans on youth policy implementation with clear investment strategy in place *Baseline: 0; Target: 1*	Assembly of Turkmenistan; Ministries of education, and health and medical industry; youth organizations, civil society organizations	0.6 million (0.4 million from regular and 0.2 million from other resources)

identify ways of preventing sexual transmission of HIV and who reject major misconceptions about HIV transmission (female/male) *Baseline: 38: Target: 65*				
Outcome 3: Gender equality and women's empowerment Advanced gender equality, women's and girls' empowerment and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth Outcome indicator: • National system of institutional, technical and operational mechanisms for advancement of gender equality, reproductive rights and women's empowerment in place *Baseline: No; Target: Yes*	Output 1: Strengthened national legislation, policies and institutional mechanisms for implementing and monitoring the National Action Plan on Gender Equality	• Number of national action plans on gender equality that integrate reproductive rights with specific targets and national public budget allocations *Baseline: 1; Target: 2* • A functioning tracking and reporting system to follow up on the implementation of reproductive rights recommendations and obligations *Baseline: No; Target: Yes*	Assembly of Turkmenistan; Ministries of economy and development, and health and medical industry; State Statistics Committee; Strategic Planning Institute; National Institute of Democracy and Human Rights; Academy of Civil Service	0.8 million (0.6 million from regular and 0.2 million from other resources)
Outcome 4: Population dynamics Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equality Outcome indicator: Number of new national development plans that address population dynamics by accounting for population trends and projections in setting development targets *Baseline: 0 Target: 1*	Output 1: Strengthened national policies through increased use of gender-disaggregated data and evidence-based analysis on population dynamics, reproductive health and rights, adolescents and youth and gender equality	• Number of government institutions with up-to-date expertise in data analysis and dissemination Baseline: 1; Target: 4 • National statistical authorities have institutional capacity to analyse and use disaggregated data on (a) adolescents and youth and (b) gender-based violence *Baseline: No, Target: Yes* • Number of in-depth reviews conducted using the general population and housing census and the demographic and health survey *Baseline: 0; Target: 1*	Assembly of Turkmenistan; Ministries of economy and development, and health and medical industry; State Statistics Committee; Strategic Planning Institute; National Institute of Democracy and Human Rights; Academy of Civil Service	0.8 million (0.6 million from regular and 0.2 million from other resources) Total for programme coordination and assistance: $0.4 million from regular resources